

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						428082		
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	I		①					
2		I		I				
3		I		I				
4		I		I				
5		I		I				
6		I		I				
7		I		I				
8		I	X	X				
9		I	X	X				
10		I		I				
11		I						
12		I						
13		I						
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24		21						
25		21						
26	I		I					
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43		I						
44		I						
45		I						
46		I						
47		I						
48		I						
49		I						
50		I						
TOTAL IND.								
TOTAL DEP.								

TOTAL IND.      TOTAL DEP.      TOTAL CLAIMS

FOR ADDITIONAL CLAIMS OR AMENDMENTS